

**State of Minnesota**

County

**District Court**

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

☐ In Re the Marriage of:

\_\_\_\_\_

Plaintiff / Petitioner

vs / and

\_\_\_\_\_

Defendant / Respondent

\_\_\_\_\_

Intervenor

**Notice of Motion and Motion  
To Modify Child Support****Notice****TO: Other Party:**

First

Middle

Last

Street Address

Apt. No.

City

State

Zip

**County Attorney's Office:**

Name of County Attorney

Street Address

City

State

Zip

PLEASE TAKE NOTICE that the undersigned will bring a motion before the Honorable

\_\_\_\_\_, on \_\_\_\_\_  
(Name of Child Support Magistrate, Judge or Referee) (Date: Month, Day, Year)at \_\_\_\_\_ o'clock \_\_\_\_\_ at the \_\_\_\_\_ County Courthouse  
(Time) (a.m./p.m.) (Name of building where hearing to be held)or Government Center located at \_\_\_\_\_ in the city of \_\_\_\_\_  
(Street address where hearing to be held)\_\_\_\_\_, Minnesota, (check the public calendar at the hearing location for  
(City where hearing to be held)the room number), and will ask the court to modify the existing child support order as requested  
in the following motion.

## Motion

I request that the court modify the support order dated \_\_\_\_\_  
(Date of existing support order)

by ordering the following (*check all that apply*):

- |  |  |
|--|--|
| <input type="checkbox"/> Increasing child support                                | <input type="checkbox"/> Decreasing child support        |
| <input type="checkbox"/> Increasing medical support                              | <input type="checkbox"/> Decreasing medical support      |
| <input type="checkbox"/> Increasing child care support                           | <input type="checkbox"/> Decreasing child care support   |
| <input type="checkbox"/> Increasing arrearage payment                            | <input type="checkbox"/> Decreasing arrearage payment    |
| <input type="checkbox"/> Establishing medical support                            | <input type="checkbox"/> Establishing child care support |
| <input type="checkbox"/> Changing other medical terms ( <i>describe</i> ): _____ |  |
| <input type="checkbox"/> Other ( <i>describe</i> ): _____                        |  |

The facts upon which I base my request are set forth in the attached Affidavit in Support of Motion to Modify Child Support.

## Notice of Rights to Other Party

- You have a right to a hearing, if a hearing is not already scheduled.
- You have the right to object or respond to the changes I am requesting.
- You have 14 days from the date this motion is personally served or mailed to you to serve upon all parties a written response or counter motion objecting to the relief requested. A counter motion is where you can raise **new** child support issues, in addition to responding to the issues in this motion.
- If you decide to respond or object to this motion, a packet entitled “Response to Motion to Modify Child Support” is available from the court administrator.
- You must file a copy of your written response **at least 5 days before any scheduled hearing**. The court may, in its discretion, choose not to consider any documents you file with the court if they are not filed on time.

## Settlement

This matter may be settled without a court hearing if all parties, including the county attorney, reach an agreement. To discuss a possible settlement, contact the following person at the phone number listed: \_\_\_\_\_ at

(\_\_\_\_\_) \_\_\_\_\_  
(Name of person to contact to discuss settlement)  
(\_\_\_\_\_) \_\_\_\_\_  
(Phone number of person to contact)

### Acknowledgments by Party Making Motion:

- a. I am not serving or filing this document for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation.
- b. The claims, defenses, and other legal contentions therein are warranted by existing law or by a nonfrivolous argument for the extension, modification, or reversal of existing law or the establishment of new law.
- c. The allegations and other factual contentions have evidentiary support or, if specifically so identified, are likely to have evidentiary support after a reasonable opportunity for further investigation or discovery.
- d. The denials of factual contentions are warranted on the evidence or, if specifically so identified, are reasonably based on a lack of information or belief.
- e. The court may impose an appropriate sanction upon the attorneys, law firms, or parties that violate the above stated representations to the court, or are responsible for the violation.
- f. I understand that the existing order remains in full force and effect and I must continue to comply with that order until a new order is issued.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Attorney for: \_\_\_\_\_